



**New York State Department of Agriculture and Markets**  
**IFB#0252: EMERGENCY MEDICAL AND AMBULANCE**  
**SERVICES DURING THE NEW YORK STATE FAIR**

**SUBMISSION DOCUMENTS**

**CONTENT**

- Checklist for Bid Response
- Bid Form (Signature Required Hard Copy Only)
- Mandatory Requirements Certification Form (Signature Required)
- Non-Collusive Bidding Certification Form (Signature Required)
- MacBride Nondiscrimination Certification Form (Signature Required)
- Procurement Lobbying Law Forms (Signature Required)
- Vendor Responsibility (Signature Required)
- Vendor Assurance No Conflict of Interest (Signature Required)
- Executive Order No. 177 (Signature Required)
- Substitute W-9 Form to obtain SFS Vendor ID (Return if ID needed -SignatureRequired)
- Experience and References Form
- Envelope Submission Checklists



**New York State Department of Agriculture and Markets  
IFB#0252: EMERGENCY MEDICAL AND AMBULANCE  
SERVICES DURING THE NEW YORK STATE FAIR  
SUBMISSION DOCUMENTS CHECKLIST**

| To be completed by Bidder | BID RESPONSE ITEM  | FOR AGR USE ONLY         |
|---------------------------|--|--------------------------|
|                           | <b>The following forms and documentation must be submitted at the time of bid submission. The Department reserves the right to request any missing information from the items marked with an asterisk (*) below. Bidder will have three (3) business days to provide any missing information requested by the Department for those items marked with an asterisk (*).</b>      |                          |
| <input type="checkbox"/>  | Attachment 1 – Bid Form  | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 2 – Mandatory Requirements Certification Form  | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 3 – Non-Collusive Bidding Certification  | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 4 – MacBride Nondiscrimination Certification   | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 5 – Procurement Lobby Law Forms  | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 6 – Vendor Responsibility  | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 7 – Vendor Assurance No Conflict of Interest   | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 8 – Executive Order No. 177  | <input type="checkbox"/> |
| <input type="checkbox"/>  | *Attachment 9 – Substitute W-9 Form to obtain SFS ID<br><i>RETURN ONLY IF SFS VENDOR ID IS REQUESTED</i>   | <i>Not a requirement</i> |
| <input type="checkbox"/>  | *Attachment 10 – Experience and References Form (IFB Section 3.3, Minimum Qualifications)  | <input type="checkbox"/> |
|                           | <b>The following forms are not required until notification of selection is made, however bidders are <u>strongly encouraged</u> to submit the following forms with the bid response.</b>   |                          |
| Website:                  | <i>Sales and Compensating Use Tax Documentation ST-220 CA:</i><br><a href="http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf</a> <i>ST-220 TD:</i><br><a href="http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf">http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf</a> |                          |
| <input type="checkbox"/>  | ST-220 CA, Sales and Compensating Use Tax Certification  | <input type="checkbox"/> |
| Website:                  | <i>Worker's Compensation Documentation</i><br><a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a>  |                          |
| <input type="checkbox"/>  | <b>Form C-105.2</b> – Certificate of Workers' Compensation Insurance issued by private insurance carriers, or <b>Form U-26.3</b> issued by the State Insurance Fund; OR  | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Form SI-12</b> – Certificate of Workers' Compensation Self-Insurance; or <b>Form GSI-105.2</b> Certificate of Participation in Workers' Compensation Group Self-Insurance; OR   | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>CE-200 Certificate of Attestation for New York Entities with No Employees and certain out of State Entities, that New York State Worker's compensation and/or Disability Benefits Insurance is not required OR</b>  | <input type="checkbox"/> |
| Website:                  | <b>Disability Benefits Coverage</b><br><a href="http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp">http://www.wcb.ny.gov/content/main/Employers/busPermits.jsp</a>   |                          |
| <input type="checkbox"/>  | <b>Form DB-120.1</b> - Certificate of Disability Benefits Insurance; OR  | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>Form DB-155</b> - Certificate of Disability Benefits Self-Insurance; OR   | <input type="checkbox"/> |
| <input type="checkbox"/>  | <b>CE-200</b> – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.   | <input type="checkbox"/> |

New York State Department of Agriculture and Markets  
IFB#0252: EMERGENCY MEDICAL AND AMBULANCE SERVICES  
DURING THE NEW YORK STATE FAIR

**ATTACHMENT 1 - BID FORM**

Per Section 3.5 of the IFB, all bids must be submitted on “Attachment 1 - Bid Form.” Follow the instructions included in the excel workbook labeled “Attachment 1 – Bid Form.”

## **ATTACHMENT 2 – MANDATORY REQUIREMENTS CERTIFICATION**

### ***Mandatory Contract Requirements:***

By signing this form, the undersigned bidder certifies that, if selected, the bidder meets or will comply with the following requirements:

- 1) No other obligation or engagement, contractual or otherwise, will impact the selected contractor's ability to provide emergency medical and ambulance services at the New York State Fairgrounds during the contract period.
- 2) The selected contractor will indemnify and hold harmless the State of New York, the Department, its officers and employees, from all claims, demands, damages, expenses, liability or obligation for damages, loss or injury to, or of, any person or property arising out of the acts of the selected contractor, its agents, servants, employees, and those acting for or on its behalf. Such indemnity shall not be limited by reasons of any insurance coverage provided.
- 3) The selected contractor will obtain and maintain the insurance policies that meet the requirements set forth in **Exhibit 5** of this IFB.
- 4) The selected contractor agrees to comply with "Appendix A, Standard Clauses for New York State Contracts," a copy of which is included in the sample New York State AGM contract attached to this IFB as **Exhibit 6**.

**Bid Responses that do not include the signed Mandatory Requirements Certification Form or fail to comply with all of the Mandatory Contract Requirements will be disqualified and removed from further consideration.**

**Bidder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Company Address** \_\_\_\_\_

COMPLETE AND RETURN WITH BID RESPONSE

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**Non-Collusive Bidding Certification Required by  
State Finance Law §139-D**

**ATTACHMENT 3**

**NON-COLLUSIVE BIDDING CERTIFICATION REQUIRED BY  
SECTION 139-D OF THE STATE FINANCE LAW**

**BY SUBMISSION OF THIS BID, ANY BIDDER AND EACH PERSON SIGNING ON BEHALF OF ANY BIDDER CERTIFIES, AND IN THE CASE OF A JOINT BID, EACH PARTY THERETO CERTIFIES AS TO ITS OWN ORGANIZATION, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF:**

[1] The prices in this bid have been arrived at independently, without collusion, consultation, communication, or agreement, for the purposes of restricting competition, as to any matter relating to such prices with any other Bidder or with any competitor;

[2] Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly, to any other Bidder or to any competitor; and

[3] No attempt has been made or will be made by the Bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

**A BID SHALL NOT BE CONSIDERED FOR AWARD NOR SHALL ANY AWARD BE MADE WHERE [1], [2], AND [3] ABOVE HAVE NOT BEEN COMPLIED WITH; PROVIDED HOWEVER, THAT IF IN ANY CASE THE BIDDER(S) CANNOT MAKE THE FOREGOING CERTIFICATION, THE BIDDER(S) SHALL SO STATE AND SHALL FURNISH BELOW A SIGNED STATEMENT WHICH SETS FORTH IN DETAIL THE REASONS THEREFORE.**

[AFFIX ADDENDUM TO THIS PAGE IF SPACE IS REQUIRED FOR STATEMENT]

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**Non-Collusive Bidding Certification Required by  
State Finance Law §139-D**

Signature \_\_\_\_\_

Name (Typed) \_\_\_\_\_

Company Position \_\_\_\_\_

Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

Signature \_\_\_\_\_

Name (Typed) \_\_\_\_\_

Company Position \_\_\_\_\_

Company Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Sworn to before me this**

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

State of New York  
Department of Agriculture and  
Markets  
10B Airline Drive  
Albany, NY 12235

**MacBride Nondiscrimination Certification**

**ATTACHMENT 4**  
**COMPLETE AND RETURN WITH BID RESPONSE**

**"NONDISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND:  
MACBRIDE FAIR EMPLOYMENT PRINCIPLES"**

In accordance with Chapter 807 of the laws of 1992 the bidder, by submission of this bid, certifies that it or any individual or legal entity in which the bidder holds a 10% or greater ownership, or any individual or legal entity that holds a 10% or greater ownership in the bidder, either:

(Answer Yes or No to one or both of the following, as applicable)

1. Has business operations in Northern Ireland:

\_\_\_\_\_Yes                      \_\_\_\_\_No

If yes:

2. Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of compliance with such principles.

\_\_\_\_\_Yes                      \_\_\_\_\_No

|  |
|--|
| Company Name:  |
| Printed Name and Title of Authorized Representative: |
| Signature:   |
| Date:  |
| Proposal:  |
| Commodity:   |

**Summary of Department and Authority Policy regarding State Finance Law Sections §139-j and §139-k.**

Pursuant to State Finance Law Sections §139-j and §139-k, this solicitation includes and imposes certain restrictions on communications between the Department of Agriculture and Markets, ("Department") and a vendor/contractor during the procurement process. A vendor/contractor is restricted from making contacts from the earliest notice of intent to solicit bids/proposals through final award and approval of the contract by the Department, and, if applicable, Office of the State Comptroller ("restricted period") to other than designated staff unless it is a contact that is included among certain statutory exceptions set forth in State Finance Law Section §139-j(3)(a). Designated staff is identified in this solicitation. Department employees are also required to obtain certain information when contacted during the restricted period and make a determination of the responsibility of the vendor/contractor pursuant to these two statutes. Certain findings of non-responsibility can result in rejection for contract award and in the event of two such findings within a four year period, the vendor/contractor is debarred from obtaining governmental procurement contracts. Further information about these requirements can be found on the Office of General Services Website at: <http://www.ogs.state.ny.us/aboutOgs/regulations/defaultAdvisoryCouncil.html>

**The Department reserves the right to terminate** a contract in the event it is found that the certification filed by the Offerer in accordance with New York State Finance Law §139-k was intentionally false or intentionally incomplete. Upon such finding, the Department may exercise its termination right by providing written notification to the Offerer in accordance with the written notification terms of the contract.

**Offerer Disclosure of Prior Non-Responsibility Determinations**

1. Has any Governmental Entity made a finding of non-responsibility regarding the individual or entity seeking to enter into the Procurement Contract in the previous four years? (Please circle):      No                      Yes

If yes, please answer questions 1a-1c:

**1a.** Was the basis for the finding of non-responsibility due to a violation of State Finance Law §139-j (Please circle):              No                      Yes

**1b.** Was the basis for the finding of non-responsibility due to the intentional provision of false or incomplete information to a Governmental Entity? (Please circle):              No                      Yes

**1c.** If you answered yes to any of the above questions, please provide details regarding the finding of non-responsibility below.

Governmental Entity: \_\_\_\_\_

Date of Finding of Non-Responsibility: \_\_\_\_\_

Basis of Finding of Non-Responsibility:

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(Add additional pages as necessary)

2. Has any Governmental Entity or other governmental agency terminated or withheld a Procurement Contract with the above-named individual or entity due to the intentional provision of false or incomplete information? (Please circle):                      No                      Yes

If yes, please provide details below.

Governmental Entity: \_\_\_\_\_

Date of Termination or Withholding of Contract: \_\_\_\_\_

Basis of Termination or Withholding: \_\_\_\_\_

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(Add additional pages as necessary)

**Offerer certifies** that all information provided to the Department with respect to State Finance Law §139-k is complete, true and accurate.

**Offerer affirms** that it understands and agrees to comply with the following policy & procedures of the Department relative to permissible Contacts as required by State Finance Law §139-j and §139-k.

By: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Print

Title: \_\_\_\_\_  
Print

# IFB#0252: EMERGENCY MEDICAL AND AMBULANCE SERVICES DURING THE NEW YORK STATE FAIR

## Attachment 6

### VENDOR RESPONSIBILITY

|                       |   |
|-----------------------|---|
| <b>Vendor Name:</b>   |   |
| <b>Vendor SFS ID#</b> | (Note: If you do not have an SFS # complete and submit the Substitute W-9 Form) |

**Bidder Information—Please Complete This Section**

Please complete the following. Responses must be legible. By signing, you indicate your express authority to sign on behalf of yourself, or your company or other entity and full knowledge and acceptance of the terms and conditions of the bid. You also affirm that you understand and agree to comply with the procedures of the **Department** relative to permissible contacts as required by State Finance Law §139-j (3) and §139-j (6) (b).

|  |                        |
|--|------------------------|
| <b><u>Legal Name of Company Bidding</u></b>    | <b><u>Address:</u></b> |
| <b><u>Employer's Federal Tax ID Number</u></b> |                        |

**Check one of the following:**

- ☐ I certify that my organization has filed its Vendor Responsibility Questionnaire online via the New York State VendRep System and that the current questionnaire was certified within the past six Months (to enroll in and use the New York State VendRep System, see the VendRep System Instructions available at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or go directly to the VendRep System online at <https://portal.osc.state.ny.us/wps/portal>).
- ☐ I am including a completed paper copy of the Vendor Responsibility Questionnaire with the bid proposal (a paper questionnaire is available from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or vendor may contact the Department or the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 for a copy of the paper form).
- ☐ My entity is exempt based on the OSC listing.
- ☐ My proposal is less than \$100,000, therefore I am attaching a completed Contractor Information Checklist.
- ☐ Other, explanation:

|  |              |               |
|--|--------------|---------------|
|  | <i>Date</i>  | <i>E-mail</i> |
|  | <i>Phone</i> | <i>Fax</i>    |

**Print Name as Signed and Title**

The Department reserves the right to request any additional information deemed necessary to properly review bids.

COMPLETE AND RETURN WITH BID RESPONSE

**New York State  
Department of Agriculture & Markets  
Division of Fiscal Management  
10B Airline Drive  
Albany, NY 12235**

**CONTRACTOR INFORMATION CHECKLIST****CONTRACT NO.** \_\_\_\_\_

|                              |       |  |                      |
|------------------------------|-------|--|----------------------|
| Organization's Official Name |       |  |                      |
| d/b/a                        |       |  |                      |
| Address                      |       | City   |                      |
| Contact Person               | Title | State  | Zip Code             |
| Contact Person's Telephone   |       | Contact Person's EMail Address   | NYS Vendor ID Number |
| Contact Person's Fax         |       | Organization's Federal ID, Individual's Social Security Number or Municipal Code (1)(2)* |                      |

**SELECT ONLY ONE OF THE FOLLOWING**

- |  |  |
|--|--|
| <input type="checkbox"/> Governmental or Quasi-governmental Agency | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> New York Business Corporation             | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Out of State Business Corporation         | <input type="checkbox"/> Individual                |
| <input type="checkbox"/> Not-for-profit Organization (4)*          |  |

**COMPLETE ONLY THOSE BLOCKS BELOW WHICH ARE APPLICABLE**

|  |           |  |
|--|-----------|--|
| 1. Date of Incorporation   | 2. County | 3. State of Incorporation  |
| 4. Authorized to do business in New York State <input type="checkbox"/> Yes <input type="checkbox"/> No  |           | 5. Charities Bureau Registration or Identification Number (3)*                                 |
| 6. If a not-for-profit organization, are you registered and up to date in filing annual reports with the Charities Bureau pursuant to NYEPTL §8-1.4 and New York Executive Law Article 7-A? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer number 7.   |           | 7. Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, answer number 8. |
| 8. Reason for Exemption (from exemption determination letter)  |           |  |
| 9. <b>FOR GRANTS ONLY</b> - Are you registered in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All vendors must register)<br>If a not-for-profit organization, are you prequalified in the NYS Grants Gateway? <input type="checkbox"/> Yes <input type="checkbox"/> No (All not for profits must pre-qualify).<br>For further information on registration and pre-qualification, go to: <a href="http://www.grantsreform.ny.gov">www.grantsreform.ny.gov</a> |           |  |
| 10. Please give Organization M/WBE percentage goal _____ %<br>See MWBE website: <a href="http://www.esd.ny.gov/MWBE.html">http://www.esd.ny.gov/MWBE.html</a> for further information  |           |  |

\_\_\_\_\_  
Name of Contractor\_\_\_\_\_  
Print Name\_\_\_\_\_  
Title\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**\*SEE Attached for Explanation of Footnotes**

IF BID IS LESS THAN \$100,000, COMPLETE AND RETURN WITH BID RESPONSE

IFB#0252

ATTACHMENT 6 – VENDOR RESPONSIBILITY

1. Disclosure of your federal social security or federal identification number by you is mandatory pursuant to New York State Tax Law Section 5(2). The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the Tax Law administered by the Commissioner of Taxation and Finance for administering the Tax Law and for any other purpose authorized by the Tax Law.
2. If you are a county, city, town or village government, or a school district, community college, BOCES or VEEB, you must provide your 12-digit municipality code in the space provided.
3. Not-for-profit organizations must either:
  - a) insert their Charities Bureau Registration Number in Section 5 of the Contractor Information Checklist,
  - or
  - b) insert their Charities Bureau Identification Number in Section 5 of the Contractor Information Checklist and the category of exemption in Section 8 of the Contractor Information Checklist. The Charities Bureau Identification Number and category of exemption is listed on the exemption determination letter provided by the Charities Bureau to organizations that qualify for an exemption.

To determine if your organization is subject to the registration and reporting requirements of the Estates, Powers and Trusts Law (EPTL) Section 8-1.4 and/or the New York Executive Law Article 7-A, or to obtain an exemption determination letter, please contact the Charities Bureau at:

NYS Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271  
email: [charities.bureau@oag.state.ny.us](mailto:charities.bureau@oag.state.ny.us)  
phone: (212) 416-8401

The statutes governing registration with the Attorney General's Charities Bureau, forms and instructions for registration and annual financial reporting, categories of exemptions and other information of interest to not-for-profit organizations may be found at:  
[www.oag.state.ny.us/charities/charities.html](http://www.oag.state.ny.us/charities/charities.html).

Your failure to provide any of the requested information may result in your contract not being processed.

4. **FOR GRANTS ONLY** - Please go to [www.grantsreform.gov](http://www.grantsreform.gov) for registration and pre-qualification into the NYS Grants Gateway.

IF BID IS LESS THAN \$100,000, COMPLETE AND RETURN WITH BID RESPONSE

## **Attachment 7**

### **Vendor Assurance of No Conflict of Interest or Detrimental Effect**

The Firm offering to provide services pursuant to this IFB, as a contractor, joint venture contractor, subcontractor, or consultant, attests that its performance of the services outlined in this IFB does not and will not create a conflict of interest with nor position the Firm to breach any other contract currently in force with the State of New York.

Furthermore, the Firm attests that it will not act in any manner that is detrimental to any State project on which the Firm is rendering services. Specifically, the Firm attests that:

1. The fulfillment of obligations by the Firm, as proposed in the response, does not violate any existing contracts or agreements between the Firm and the State;
2. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not create any conflict of interest, or perception thereof, with any current role or responsibility that the Firm has with regard to any existing contracts or agreements between the Firm and the State;
3. The fulfillment of obligations by the Firm, as proposed in the response, does not and will not compromise the Firm's ability to carry out its obligations under any existing contracts between the Firm and the State;
4. The fulfillment of any other contractual obligations that the Firm has with the State will not affect or influence its ability to perform under any contract with the State resulting from this IFB;
5. During the negotiation and execution of any contract resulting from this IFB, the Firm will not knowingly take any action or make any decision which creates a potential for conflict of interest or might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
6. In fulfilling obligations under each of its State contracts, including any contract which results from this IFB, the Firm will act in accordance with the terms of each of its State contracts and will not knowingly take any action or make any decision which might cause a detrimental impact to the State as a whole including, but not limited to, any action or decision to divert resources from one State project to another;
7. No former officer or employee of the State who is now employed by the Firm, nor any former officer or employee of the Firm who is now employed by the State, has played a role with regard to the administration of this contract procurement in a manner that may violate section 73(8)(a) of the State Ethics Law; and
8. The Firm has not and shall not offer to any employee, member or director of the State any gift, whether in the form of money, service, loan, travel, entertainment,

hospitality, thing or promise, or in any other form, under circumstances in which it could reasonably be inferred that the gift was intended to influence said employee, member or director, or could reasonably be expected to influence said employee, member or director, in the performance of the official duty of said employee, member or director or was intended as a reward for any official action on the part of said employee, member or director.

Firms responding to this IFB should note that the State recognizes that conflicts may occur in the future because a Firm may have existing or new relationships. The State will review the nature of any such new relationship and reserves the right to terminate the contract for cause if, in its judgment, a real or potential conflict of interest cannot be cured.

Name, Title:

Signature:

Date:

This form must be signed by an authorized executive or legal representative.

## EXECUTIVE ORDER No. 177 CERTIFICATION

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics.

The Human Rights Law may also require reasonable accommodation for persons with disabilities and pregnancy-related conditions. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner. The Human Rights Law may also require reasonable accommodation in employment on the basis of Sabbath observance or religious practices.

Generally, the Human Rights Law applies to:

- all employers of four or more people, employment agencies, labor organizations and apprenticeship training practices in all instances of discrimination or harassment;
- employers with fewer than four employees in all cases involving sexual harassment; and
- any employer of domestic workers in cases involving sexual harassment or harassment based on gender, race, religion or national origin.

In accordance with Executive Order No. 177, the Bidder hereby certifies that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

Executive Order No. 177 and this certification do not affect institutional policies or practices that are protected by existing law, including but not limited to the First Amendment of the United States Constitution, Article 1, Section 3 of the New York State Constitution, and Section 296(11) of the New York State Human Rights Law.

Contractor: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER**  
**SUBSTITUTE FORM W-9:**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:

2. Business name/disregarded entity name, if different from Legal Business Name:

3. Entity Type (Check one only):

☐ Individual Sole Proprietor ☐ Partnership ☐ Limited Liability Co. ☐ Corporation ☐ Not For Profit  
☐ Trusts/Estates ☐ Federal, State or Local Government ☐ Public Authority ☐ Disregarded Entity  
☐ Other \_\_\_\_\_

☐ **Exempt Payee**

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES)  
See instructions.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Non-United States Business Entity)

**Part III: Address**

1. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Ordering Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Email Address

**Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor**

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Part V: Certification and Exemption from Backup Withholding**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):

☐ **I am not subject to backup withholding.** I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or

☐ **I am subject to backup withholding.** I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

**Sign Here:**

|                                |                       |                        |
|--------------------------------|-----------------------|------------------------|
| _____<br>Signature             | _____<br>Title        | _____<br>Date          |
| _____<br>Print Preparer's Name | _____<br>Phone Number | _____<br>Email Address |

**DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED**

**NYS Office of the State Comptroller**  
**Instructions for Completing Substitute Form W-9**

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New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.<sup>1</sup> We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

***Part I: Vendor Information***

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

***Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type***

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
2. **Taxpayer Identification Type:** Check the type of identification number provided.

***Part III: Address***

1. **Remittance Address:** Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
2. **Ordering Address:** Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

***Part IV: Vendor Primary Contact Information***

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

***Part V: Certification and Exemption from Backup Withholding***

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

<sup>1</sup> According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

## **Attachment 10**

### **EXPERIENCE AND REFERENCES FORM**

Per Section 3.3 of the IFB, Bidders are advised that AGM's intent is to ensure that only qualified, responsive and responsible Contractors enter into a contract to provide emergency medical and ambulance services during the State Fair. AGM considers the following qualifications a pre-requisite in order to be considered a qualified Bidder for the purposes of this solicitation.

- 1) Bidder must possess a valid Ambulance Service Operating Certificate issued by the NYS Department of Health (DOH) pursuant to Article 30 of the NYS Public Health Law to service the New York State Fairgrounds. **Check here if your Certificate is Attached** \_\_\_\_\_
- 2) Bidder must have experience providing emergency medical and ambulance services similar in scope to this solicitation for:
  - a. At least three (3) different fairs, festivals, concerts, athletic events, or similar mass gathering events within the last thirty-six (36) months preceding submission of this bid with at least 15,000 attendees at each event referenced; and
  - b. At least one (1) mass gathering event within the last thirty-six (36) months preceding submission of this bid that lasted at least three (3) consecutive days with total attendance of at least 90,000 people.

The Bidder must provide the name of the event, address where the event took place, date(s) the event was held, a description of the services provided at the event, and attendance at the event. In addition, the bidder must provide the name, address, phone number and email for a contact person for each of the events or venues listed. Note that the Department will contact the references to verify the information provided; the Bidder is solely responsible for the availability of the submitted references. Please provide the above information using **Attachment 10** – Experience and References Form of the Submission Documents (fill in the information on the following tables).

|   |  |   |
|---|--|---|
| <b>Reference 1 (Per Section 3.3(2)(a) of the IFB)</b>   |  | <i>For Department Use Only<br/>(Reference Check – Place an<br/>“X” if information provided is<br/>verified)</i> |
| Name of Event:  |  |   |
| Address Where the Event Took Place:   |  |   |
| Date(s) the Event was held (must be within the last thirty-six (36) months preceding submission of this bid): |  |   |
| Description of the services provided at the Event:  |  |   |
| Attendance at the Event (must be at least 15,000 attendees):  |  |   |
| Name, Address, Phone Number, and Email for a contact person for the event or venue listed:                    |  |   |

|   |  |   |
|---|--|---|
| <b>Reference 2 (Per Section 3.3(2)(a) of the IFB)</b>   |  | <i>For Department Use Only<br/>(Reference Check – Place an<br/>“X” if information provided is<br/>verified)</i> |
| Name of Event:  |  |   |
| Address Where the Event Took Place:   |  |   |
| Date(s) the Event was held (must be within the last thirty-six (36) months preceding submission of this bid): |  |   |
| Description of the services provided at the Event:  |  |   |
| Attendance at the Event (must be at least 15,000 attendees):  |  |   |
| Name, Address, Phone Number, and Email for a contact person for the Event or Venue listed:                    |  |   |

|   |  |   |
|---|--|---|
| <b>Reference 3 (Per Section 3.3(2)(a) of the IFB)</b>   |  | <i>For Department Use Only<br/>(Reference Check – Place an<br/>“X” if information provided is<br/>verified)</i> |
| Name of Event:  |  |   |
| Address Where the Event Took Place:   |  |   |
| Date(s) the Event was held (must be within the last thirty-six (36) months preceding submission of this bid): |  |   |
| Description of the services provided at the Event:  |  |   |
| Attendance at the Event (must be at least 15,000 attendees):  |  |   |
| Name, Address, Phone Number, and Email for a contact person for the Event or Venue listed:                    |  |   |

|   |  |   |
|---|--|---|
| <b>Reference 4 (Per Section 3.3(2)(b) of the IFB)</b>   |  | <i>For Department Use Only<br/>(Reference Check – Place an<br/>“X” if information provided is<br/>verified)</i> |
| Name of Event:  |  |   |
| Address Where the Event Took Place:   |  |   |
| Date(s) the Event was held (must be within the last thirty-six (36) months preceding submission of this bid <b>that lasted at least three (3) consecutive days</b> ): |  |   |
| Description of the services provided at the Event:  |  |   |
| Attendance at the Event (must be at least <b>90,000 attendees</b> ):  |  |   |
| Name, Address, Phone Number, and Email for a contact person for the Event or Venue listed:  |  |   |

# ENVELOPE 1 CHECKLIST

## Minimum Qualifications and Forms and Assurances

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

**Envelope 1, titled "IFB #0252 Minimum Qualifications and Forms and Assurances."**

Original plus one (1) paper copy of (See Submission Documents):

- ☐ Cover Sheet and Submission Documents Checklist
- ☐ Attachment 2 - Mandatory Contract Requirements Certification Form (Original Signatures)
- ☐ Attachment 3 - Non-Collusive Bidding Certification (Original Signatures)
- ☐ Attachment 4 - MacBride Nondiscrimination Certification Form (Original Signatures)
- ☐ Attachment 5 - Procurement Lobbying Law Forms (Original Signatures)
- ☐ Attachment 6 - Vendor Responsibility (Original Signatures)
- ☐ Attachment 7 - Vendor Assurance No Conflict of Interest (Original Signatures)
- ☐ Attachment 8 – Executive Order No. 177 (Original Signatures)
- ☐ Attachment 9 - Substitute Form W-9, if SFS Vendor ID needed (Original Signatures)
- ☐ Attachment 10 – Experience and References Form demonstrating proof of having met the Minimum Qualifications as set forth in Section 3.3 of this IFB.

# ENVELOPE 2 CHECKLIST Bid Form

**Did you remember to include (submit this checklist along with the contents below):**

Place an "X" to indicate Bidder has included the following:

**Envelope 2, titled "IFB#0252 Bid Form/Cost Proposal – Do Not Open."**

- \_\_\_\_\_ Original plus one (1) paper copy of Attachment 1 - Bid Form (Original Signatures Hard Copy)
- \_\_\_\_\_ One (1) electronic copy of Attachment 1 – Bid Form. Electronic media shall be submitted on a USB 2 or 3 compliant Flash Drive and clearly labeled. The electronic version of the Bid Form must be sealed within the same envelope as the corresponding hard copies. In the event that there are any inconsistencies between the electronic submissions and the hard copy submissions, or between multiple hard copy submissions, the original, wet ink, hard copy will be deemed controlling by AGM when reviewing each Cost Proposal.